



Division of Fisheries & Wildlife

MassWildlife

Wayne F. MacCallum, *Director*

Application for Trap Registration Certificate

To: Mass Division of Fisheries & Wildlife
Attn: Special Permits Unit
251 Causeway Street, Suite 400
Boston, MA 02114

I herewith make application to register all traps now and hereafter in my possession or under my control for which find enclosed (\$5.00) for an initial application valid for two years or for a renewal application for two years.

It is understood by me that upon receipt of a certificate number, I will immediately cut said number with letters or figures not less than one eighth of an inch high into each registered trap now or hereafter in my possession.

Please Print Name and Address

Name: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Trap License No: _____ Trap Registration No. _____

Age: _____

Signature _____

If applying for an initial registration number – Be sure to enclose along with your \$5.00 fee, a copy of your Trapper Education Certificate, as required by regulation, which certifies that you have successfully completed the trapper education course.

www.masswildlife.org

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251 Causeway Street, Suite 400, Boston, MA 02114
An Agency of the Department of Fish and Game

(617) 626-1575 Fax: (617) 626-1517